

KEY	EMPL-NAME	SS- NUM

103

KEY	DEPT	START-DATE

106

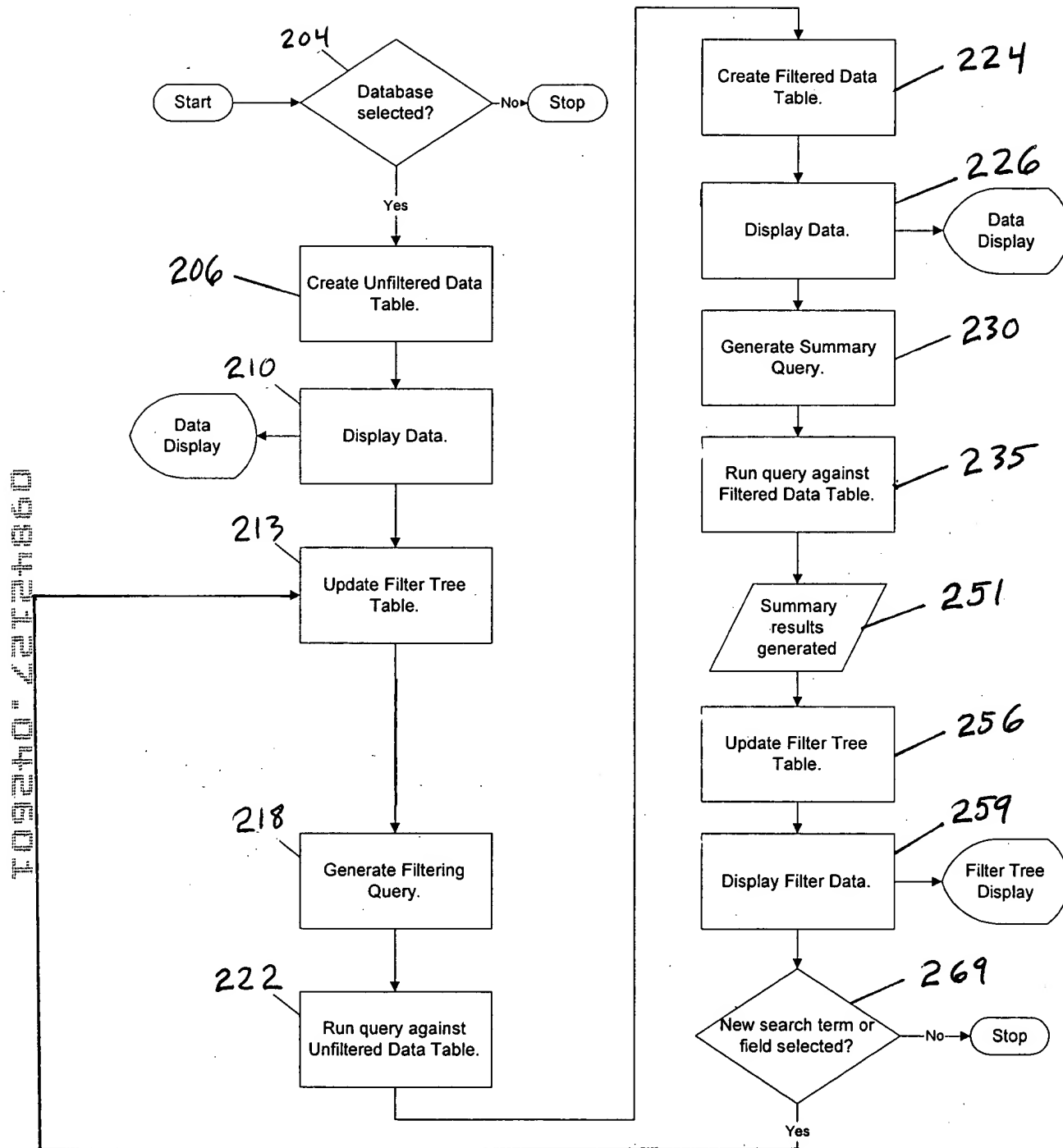
KEY	SEX	AGE	LEVEL

109

100

FIG. 1

0984127-04260  
FO9240-2224860



200

FIG. 2

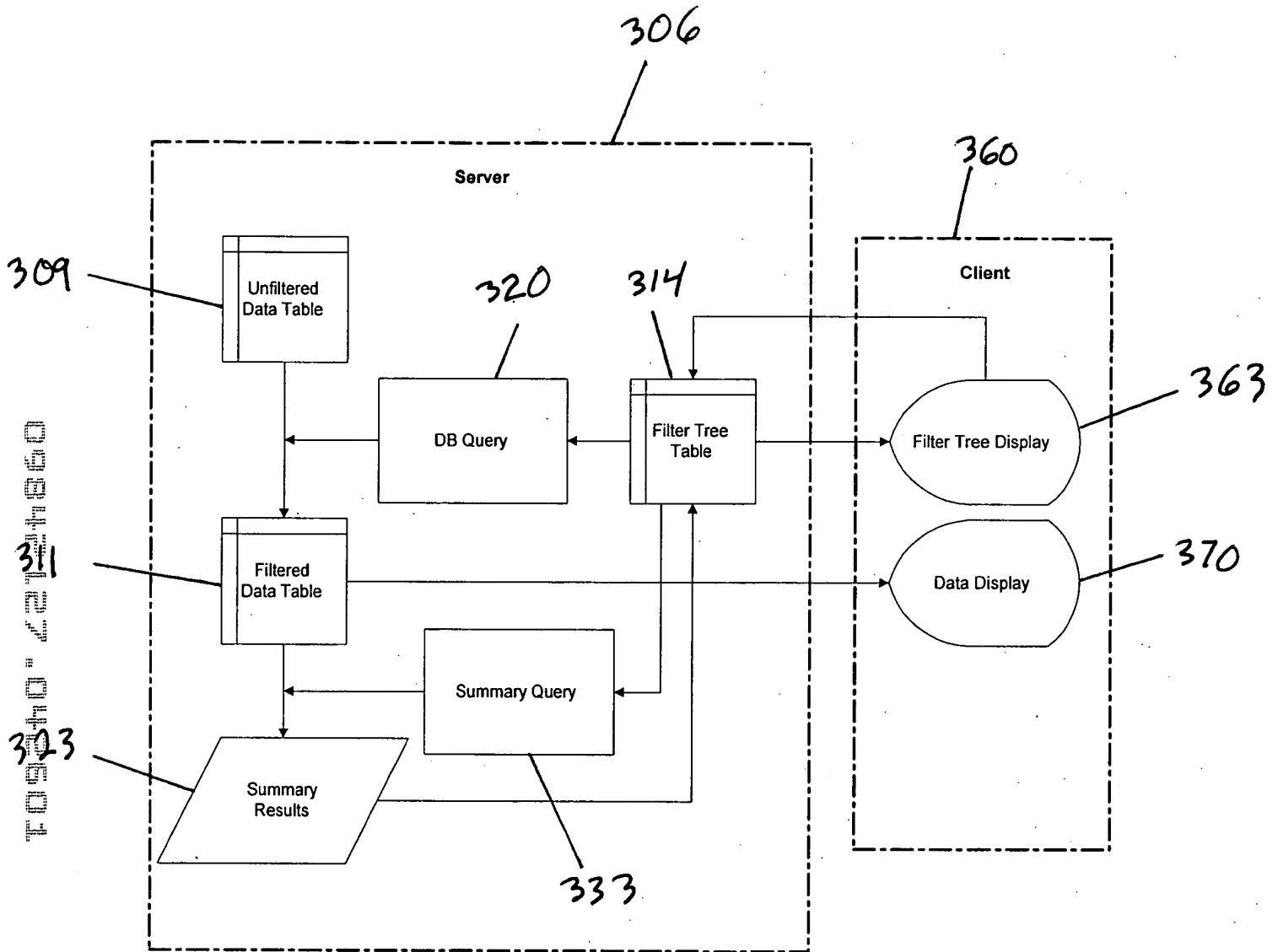
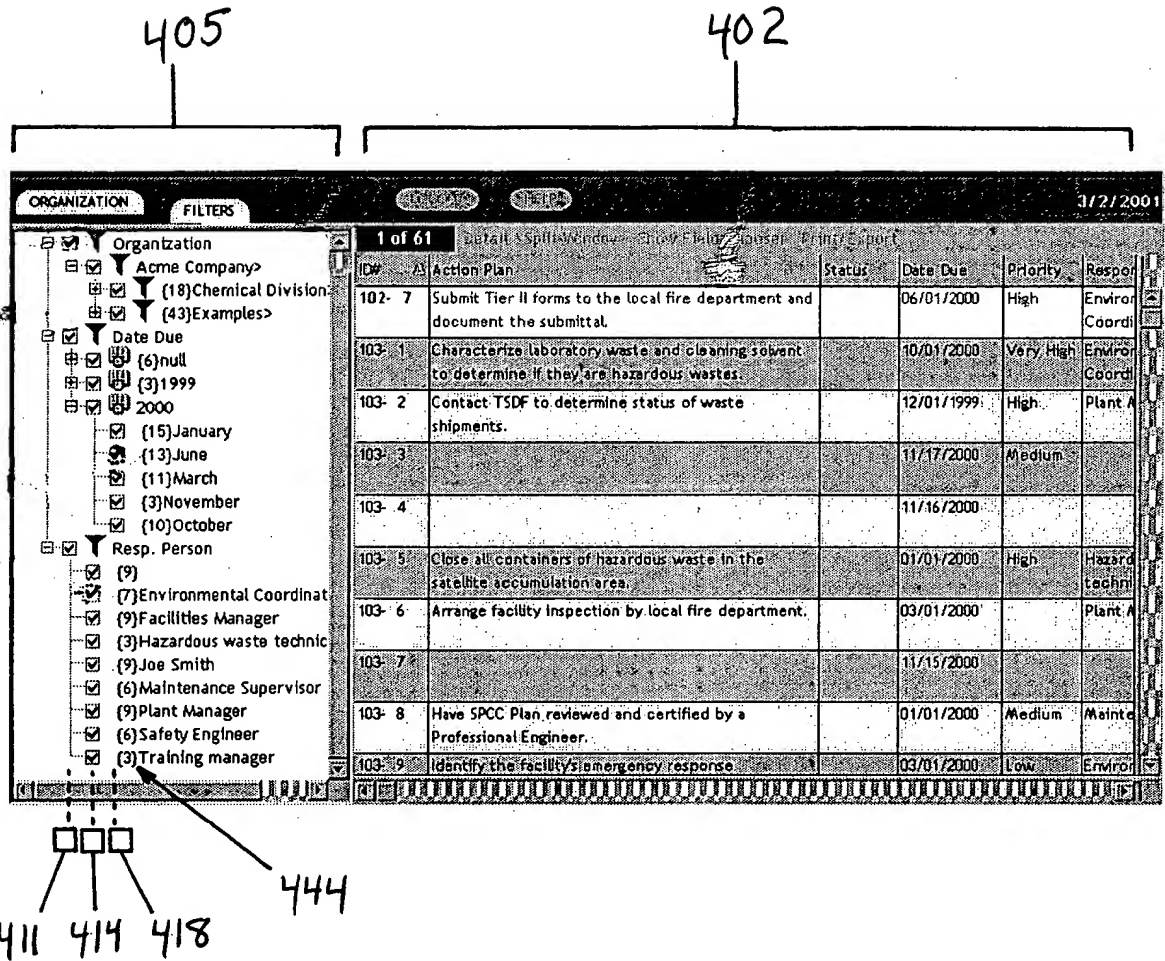


FIG. 3



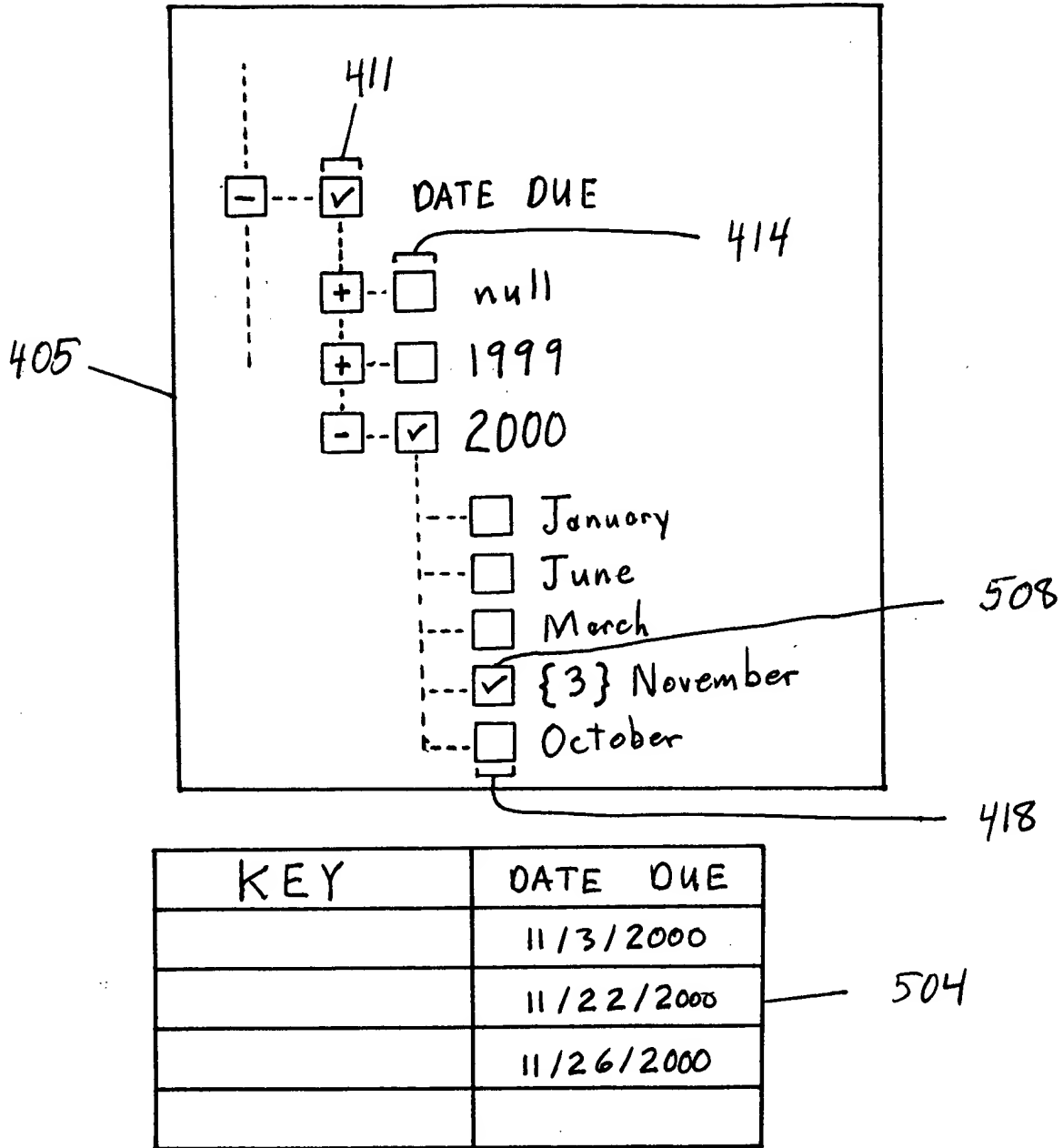


FIG. 5

405

402

ORGANIZATION		FILTERS		1 of 13		Action Plan		Status	Date Due	Priority	Respon
<input checked="" type="checkbox"/>	Organization	<input checked="" type="checkbox"/>	Acme Company>								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(5) Chemical Division>								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(8) Examples>								
<input checked="" type="checkbox"/>	Date Due	<input checked="" type="checkbox"/>	null								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1999								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	2000								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(6) January								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(1) June								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(5) March								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	November								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(1) October								
<input checked="" type="checkbox"/>	Resp. Person	<input type="checkbox"/>	(7) Environmental Coordinat								
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Facilities Manager								
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Hazardous waste technician								
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Joe Smith								
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Maintenance Supervisor								
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Plant Manager								
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(6) Safety Engineer								
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Training manager								
				102- 7	Submit Tier II forms to the local fire department and document the submittal.				06/01/2000	High	Environ Coordi
				103- 1	Characterize laboratory waste and cleaning solvent to determine if they are hazardous wastes.				10/01/2000	Very High	Environ Coordi
				103- 9	Identify the facility's emergency response contractor in the SPCC Plan.				03/01/2000	Low	Environ Coordi
				103- 13	Provide eye protection for workers in the parts cleaning area.				01/01/2000	High	Safety
				103- 16	Install an emergency shower/eyewash station in the forklift battery recharging area.				01/01/2000	High	Safety
				406- 1	Characterize laboratory waste and cleaning solvent to determine if they are hazardous wastes.				03/01/2000		Environ Coordi
				406- 9	Identify the facility's emergency response contractor in the SPCC Plan.				03/01/2000	Medium	Environ Coordi
				406- 13	Provide eye protection for workers in the parts cleaning area.				01/01/2000	High	Safety
				406- 16	Install an emergency shower/eyewash station in the forklift battery recharging area.				01/01/2000	High	Safety
				509- 1	Characterize laboratory waste and cleaning solvent				03/01/2000		Environ

411 414 418

444

600

FIG. 6

09240" 224860

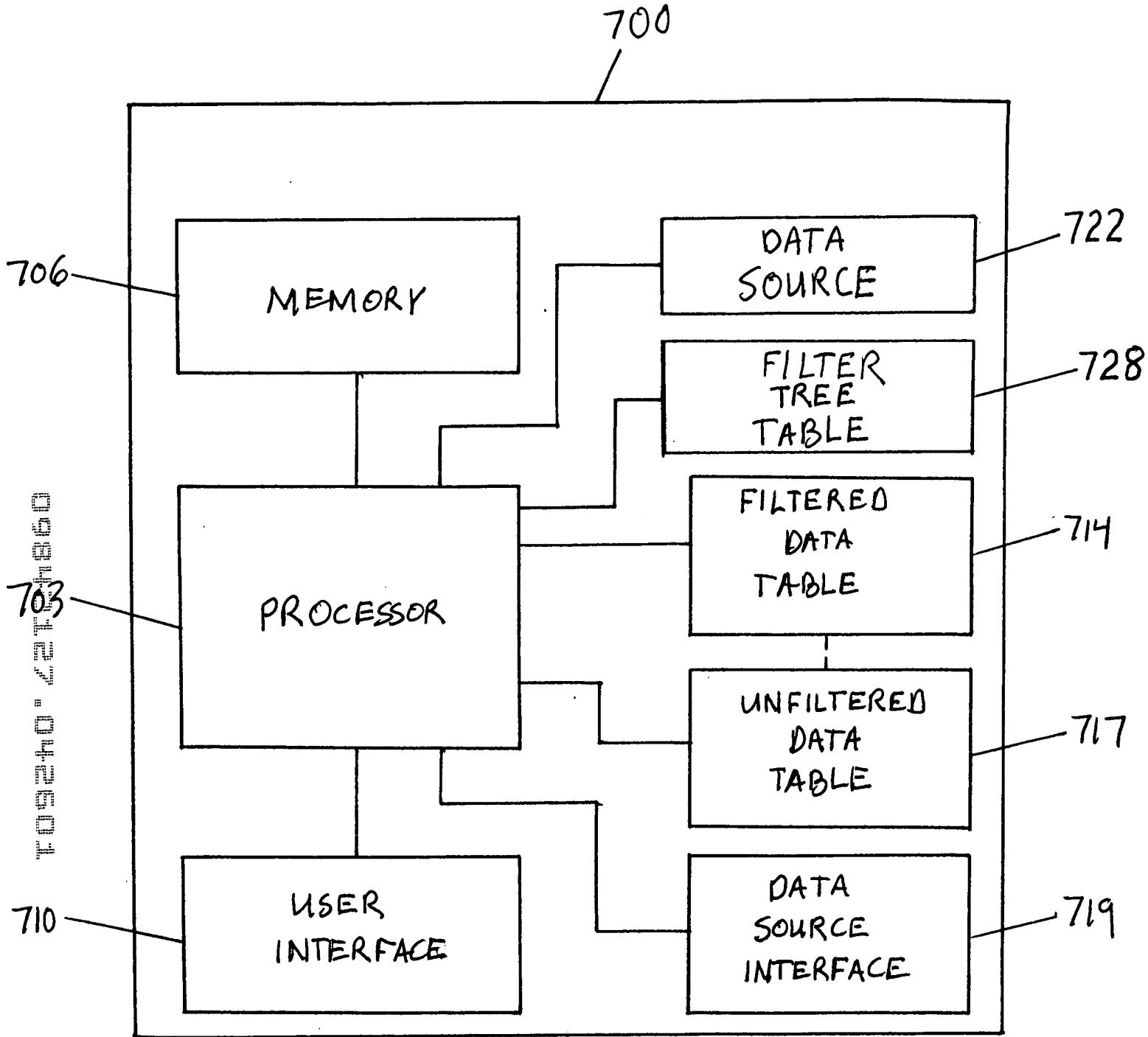


FIG. 7